

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

July 9, 2003

Re: IRO Case # M2-03-1415-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 34-year-old female who on ___ was injured when a 300-pound person fell and pulled on the patient's right arm. The patient had immediate right arm pain. There was soon burning pain in her neck. She continued to work, but she was started on physical therapy with adjustments on 10/25/02. An MRI of the cervical spine on 1/25/03 showed bulging disk with some spinal cord compression, Mainly at C4-5, but also to a lesser extent at C5-6. No HNP was reported as being present.

An EMG in January 2003 showed no evidence of radiculopathy. Examination has not revealed any reflex, sensory or motor deficit. There is some diminished range of motion of the head and neck because of pain in the neck, and there is also tenderness and spasm in the spine. Epidural steroid injections on 2/27/03 were of no significant help. The continued pain in the neck and the changes seen on MRI suggest discogenic pain as being present.

Requested Service(s)

C4-5 & C5-6 discogram with post cervical CT scan

Decision

I disagree with the carrier's decision to deny the requested treatment.

Rationale

Three-level discography is indicated, which is one more level than is being requested. Concordant pain evaluation can be determined better when there are as many levels for comparison on injection as possible. If this procedure shows changes compatible with the source of the patient's pain being discogenic, then anterior cervical discectomy and fusion at one and possibly two levels would be appropriate. If facet joints are the source of the discomfort, then fusion with stabilization of this area is often helpful. Based on the documents provided for this review, anterior cervical discectomy and fusion at the C4-5 and C5-6 levels may well be considered without discography. If the surgeon involved desires discographic evaluation to confirm that the procedure is indicated, then it is appropriate in this case.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code

102.4(h) or 102.5(d). A request for a hearing should be sent to:
Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669,
Austin, TX 78704-0012.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 9th day of July 2003.